

## SHOULD WE DIE WITH OUR BOOTS ON?

EDWIN P. MAYNARD, JR., M.D.

Director of Medical Staff Development  
The Brooklyn HospitalClinical Professor of Medicine, Emeritus  
State University of New York Downstate Medical Center  
Brooklyn, N. Y.

MOST of us physicians, when—if ever—we muse about our careers, believe as Horatio Alger's heroes did, that if we work hard and adhere to the highest standards of our profession, there will come a time when we can slow down, bask in the warm light of our accomplishments, and enjoy the rewards of our hard work. But this dream rarely comes true. To quote David Seegal,\* who has been through the mill already, "The more effective he [the doctor] was as a Town or Gown Physician, the greater were the demands upon his time and energy, . . . longer office hours, more house calls, more telephone calls, more hospital duties, more teaching exercises . . . and less sleep." In spite of the fact that medicine is one of the most fascinating, exciting, and rewarding careers, its demands and its burdens can be enormous. There should be ways, and I am certain there are, by which the busy physician can retard the pace in his later years, still play an important role in his profession, and yet have more leisure to enjoy other aspects of life. It is a very pleasant prospect, but to make it a reality requires thoughtful planning.

There are other less pleasant but important reasons why he should do this. Aging begins earlier than we think. We know that atheromatous plaques make their appearance in the aorta in infancy and childhood. Further, their cumulative effects later in life usually become manifest very insidiously, particularly in the brain. As we get older, memory for recent events begins to be impaired and retention of current information becomes difficult. The possibility of mistakes in therapy or errors in judgment becomes greater and greater. All his professional life the physician has been building up a large store of respect and affection among his patients. As a result, when he begins to show signs of aging, none of his old patients will be willing to speak to him about his prob-

---

\*Seegal, D.: *Pharos* 28:55 ff., 1965.

lem. Instead they gradually drift away to other doctors, leaving the old gentleman unhappy as he watches his practice dwindle. This happened to three of my colleagues. One watched his practice slowly decrease until his financial resources could barely support him. Another had to be committed to a mental hospital to prevent harm to himself and others. A third, who had been a distinguished surgeon and who was unable to see that he was slipping, was permitted to operate only with the assistance of a junior member of his staff. Finally operating privileges had to be withdrawn completely by his hospital board of trustees when the assistant with difficulty prevented serious injury to a patient.

It is romantic to want "to die with your boots on" but it is a disaster if your brain has ceased to keep pace with your boots. On the other hand there are countless examples of physicians who remain alert and competent long after the conventional retirement age of 65. We can all think of many who are still busy in practice or in less strenuous but useful careers in medicine. For example, one of my friends in academic medicine became an officer of a foundation interested in improving health care in the state of Maine. He was able to supply directors of medical education for many of the hospitals there. In addition he surveyed most of these institutions as to quality of medical care and post-graduate teaching. He soon became sought after by other foundations to survey hospitals and health-care programs in developing countries in many parts of the world. Another colleague gave up a surgical practice to join the U.S. Public Health Service after World War II. He had an exciting career in helping to restore health services in countries devastated by the war and, after this, in guiding public health programs in the United States. Other colleagues have found satisfaction in literary work as editors of medical journals, medical historians, novelists, and essayists. Some have become distinguished in their fields. Our professional societies, specialty boards, and academies of medicine offer opportunities for older physicians to make real contributions to the maintenance and elevation of medical care, teaching, and research. In this time of profound change in the patterns of medical practice and in the methods of delivery of health services, the physician who has been through the mill and in so doing has developed insights into the needs of the future can be very helpful to those who must implement these changes.

Since good opportunities for a change in career sometimes come to

us suddenly, it is helpful to have given thought to this possibility. For over 40 years I had been very busy and very happy in the private practice of medicine. One morning in 1962, Joseph V. Terenzio, then executive director of The Brooklyn Hospital, called me to his office and asked me to retire from the active practice of medicine and take a full-time position to help him in recruiting chiefs of service for the new Brooklyn-Cumberland Medical Center and to take an active part in the development of that institution. For some time I had been thinking of a way to lessen my responsibilities while I could still remember the correct doses of the medicines I prescribed, and so I accepted the position promptly.

This new career has been concerned with conversion of the role of The Brooklyn Hospital from that of a well-established voluntary hospital, which had long held a teaching affiliation with the Long Island College of Medicine and subsequently with State University of New York Downstate Medical Center into a modern medical center. By contract with the City of New York we affiliated with Cumberland Hospital to form one institution able to care for the medical needs of a large segment of the surrounding population and to accept expanding roles in instruction and research. My main task at first was to join Joseph Terenzio in the recruitment of full-time heads of departments who would work alongside our voluntary physicians in order to develop a much larger institution. Thus came opportunities to help in planning and raising funds for an entirely new Brooklyn Hospital plant. Appointment as assistant dean permitted me to work for a greater share of undergraduate teaching in each of the major affiliated hospitals in Brooklyn. The early creation of a Department of Community Medicine by our Board of Trustees involved me in helping to develop new methods in the delivery of health care to the surrounding Fort Greene area of Brooklyn. Obviously this new career of mine has not been free of stress. However, I work with a group of dedicated trustees, administrators, and professional staff members and the job has been fascinating. In addition, I must confess that more regular hours, no night calls, and free weekends have added greatly to the enjoyment of my new career. I have much more time for my family and my hobbies.

Having spent this much space writing about what to do after the age of 65, I should like to address a few words of advice to the young physician who is at the outset of his career. There are certain things

he should do to make sure that he can afford to slow down in later life. To insure financial solvency one of the best devices is to set up a separate bank account as soon as the income permits, to cover fixed charges that come due unevenly through the year. This is especially desirable for those physicians whose incomes depend on fees from private practice because receipts are likely to be low in July, August, and September. Without such a system the doctor may buy a grand piano when his bank balance looks good in May. The budget for this account should list, for example, the following items: federal, state, and local income taxes; real estate taxes; reserves for a new car; large charitable contributions; insurance premiums; school tuitions; mortgage interest; and rent. The individual items should be totaled, and the resulting figure divided by seven, representing the seven high-income months of the year. This sum should be deposited monthly from October to June in a special account. Then the doctor and his family can enjoy their summer vacation without financial worries, and there will always be money in the bank to meet fixed charges. The doctor can even include his wife's Christmas present in the budget if he wishes. After many years of experience I can attest that a method such as this adds greatly to one's peace of mind. To be absolutely certain that his bank deposits show the full amount of his professional income he must bank all cash and checks received immediately. In this way his bank statements will correspond to his office records and there will be no trouble with the Internal Revenue Service.

If the doctor and his family follow this plan for budgeting fixed charges and if they do not buy too much on credit they can begin to invest their savings. In so doing they must never listen to market tips from colleagues, patients, or well-meaning friends. Doctors are notorious for this weakness, which almost always leads to disaster. Instead the physician should carefully seek out a broker in a reputable firm, call on him, describe his financial picture and plans, and ask for his continued advice and assistance. The physician should never speculate by playing the market for short-run rises and falls. This may pay off occasionally, but long-term studies of this type of speculation show almost certain loss. With the aid of his broker and his own studies, he should make sound, balanced investments which he should keep for the long pull and make changes only when the performance of a company and its stock make a switch desirable. If he follows these guide lines he should have a portfolio improved by the test of time which should remove financial

worries from among the stresses of his career.

Another facet in long-term planning for the future is a well-balanced insurance program. It is impossible to give specific advice about this but there are a few general principles. The young physician should seek out a reliable broker and discuss his whole insurance program with him. He should avoid high-pressure salesmen who try to force their way into his office. Many types of insurance can now be purchased at favorable rates because of membership in medical societies and hospital staffs. In general it is better not to try to create a large estate through life insurance. It costs too much and can probably be done better through savings and investments.

Malpractice insurance is an obvious necessity. As we all know, its costs are astronomical. However, there are certain principles the physician should follow that will greatly reduce the risk of his ever becoming involved in a suit. First, he must show a real personal interest in and concern for his patient and make him feel certain that his doctor is doing everything possible to help him. Second, the physician should never be obviously angry or harsh with him, no matter what the provocation. He must remember that he is dealing with a sick person whose reactions may be abnormal and whose family may be under great strain. Anger may engender feelings of resentment, with the result that if the outcome is not what everyone had hoped, the patient or his family may seek redress through a lawyer. On the other hand, if the patient had been sure that his doctor had his real interest at heart and had done everything possible he would probably accept the outcome with good grace and never even think of a lawsuit. Further, the doctor must be very careful not to speak disparagingly of the work of a previous physician. He may be wrong and cause irreparable harm to a colleague. None of us are immune from suit but we can do a great deal to reduce the risk. I must have been very fortunate in that I have never been sued.

So after a career of hard, stressful, and yet fascinating work, and as the result of careful planning for the future, the parable of Horatio Alger may apply. The physician can slacken his pace, change the direction of his work to make it more suited to his age, and have time to enjoy life a bit more. In so doing he can continue to make a real contribution to medicine and to society and still end with his boots on but perhaps with boots of a different style.